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APPLICANTS

Nathan Andrew Shapira, Gainesville, FL;
 Giselle D. Mann, Gainesville, FL;
 April M. Annis, Gainesville, FL;
 Toby Doris Goldsmith, Gainesville, FL;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and	/JENNIFER MYONG M KIM/ Examiner's Signature	Initials	<input type="checkbox"/> Met after Allowance	FL	0	24	4
Acknowledged							

ADDRESS

SALIWANCHIK LLOYD & SALIWANCHIK
 A PROFESSIONAL ASSOCIATION
 PO BOX 142950
 GAINESVILLE, FL 32614-2950
 UNITED STATES

TITLE

Methods to prevent or ameliorate medication-, procedure- or stress-induced cognitive and speech dysfunction and methods to optimize cognitive and speech functioning

FILING FEE RECEIVED 1594	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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